

INDEXED

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **10614** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY _____ c. CITY OR TOWN St. Louis d. STREET ADDRESS 2943 Dickson			
3. NAME OF DECEASED (Type or print) First Cleo Middle _____ Last Edwards				4. DATE OF DEATH Month 10 Day 29 Year 60			
5. SEX Male		6. COLOR OR RACE Negro		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10-27-1900 60 yrs. 9. AGE (last birthday)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter				10b. KIND OF BUSINESS OR INDUSTRY Dyersburg, Tennessee			
11. BIRTHPLACE (City and state or country) U.S.A.				12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME Robert Edwards				13b. MOTHER'S MAIDEN NAME Mamie			
14. NAME OF HUSBAND OR WIFE Lottie Edwards				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			
16. SOCIAL SECURITY NO. 702-09-6792				17. INFORMANT Lottie Edwards-2943a Dickson Street			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia DUE TO (b) Pyelonephritis DUE TO (c) 600.0						INTERVAL BETWEEN ONSET AND DEATH Undet.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Bronchopneumonia, Hypertensive Cardiovascular Disease	
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown						19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____					
21. I attended the deceased from 10-20-60 to 10-29-60 and last saw him alive on 10-29-60 Death occurred at 7:25 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>E. Dawson & O. Williams M.D.</i>				22b. ADDRESS 2601 N. Whittier St.			
22c. DATE SIGNED 10-31-60				23a. BURIAL, CREMATION, REMOVAL (Specify) Burial			
23b. DATE 11-4-1960		23c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery				23d. LOCATION (City, town, or county) St. Louis County, Missouri	
24. FUNERAL DIRECTOR Mrs. J. L. Lowe - 2930 Dickson Street				25. DATE RECD. BY LOCAL REG. NOV 2 1960			
26. REGISTRAR'S SIGNATURE <i>Earl Smith M.D.</i>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or, by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Leroy W. Tannister

Licensed Embalmer No. 1523

P. O. Address 17.57 9th

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.